	TE OF CAL	IFORNIA EXPENSE CLAIM	Traveler ID	See I	Ric	i NA	vacy Star	tement on F	Reve	rse Side		K Trip?	O YES	O No
STD	. 262 (REV	. 10/92)	240			STAFF					Page	of	Pages	
CLAIMANT'S NAME Fiscal Year Kaira Esgate 2008-2009			2008TEC1730		I	SSN OR EMPLOYEE NUMBER*					ARTMENT PR			
Position Director of External Affairs				CB/ID NO.: EXEMPT		Ca	California Volunteers HEADOLIARTERS ADDRESS 1110 K Street, Suite 210							
RESIDENCE ADDRESS*														TELEPHONE NUMBER 916-323-4982
Sacramento STATE				ZIP CODE 95818		Sacramento				STATE CA			ZIP CODE 95814	
(1) MONTH/YEAR (3) (4) Jun 2009 LOCATION			(5) MEALS			(6)	(7) TRANSPORTATI			ATION		(8)	(9)	
(2) DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T.,L/T, N/C, RELO. OR DINNER	INCIDENT- TALS	(A) COST OF TRANS.	(B)	(C) CARFARE, TOLLS, PARKING			BUSINESS EXPENSE	
6/20		Sac/San Francisco	LODGING	1701	LUNCH	OR DINNER	IALS	26.00	USEC	15.00		\$0.00	1	\$41.00
6/21		San Francisco				\$18.00	\$6.00					\$0.00		\$24.00
6/22		San Francisco		\$1.80			\$6.00					\$0.00		\$7.80
6/23		San Francisco			\$10.00		\$6.00.	.)		10.00		\$0.00	\$37.00	\$63.00
6/24		San Francisco			\$10.00	\$18.00	\$6.00					\$0.00		\$34.00
6/25	•	San Francisco		\$2.95		\$18.00	\$6.00					\$0.00		\$26.95
6/26	1715	San Francisco		\$2.95								\$0.00	\$14.00	\$16.95
6/27		San Francisco/Sac				[m					86	\$47.30		\$47.30
							儿里	GEI	<u> </u>	E,		\$0.00		\$0.00
					·		**************************************	lll - 2	20/	0		\$0.00		\$0.00
	_								23.			\$0.00		\$0.00
	_						ADMI	PLANNING VISTRATIVE	& RE SERI	SEARCH GES		\$0.00		\$0.00
	<u> </u>								_			\$0.00		\$0
SUBTOTALS		\$7.70	\$20.00	\$54.00	\$30.00	26.00		25.00	l \$86	47.3	\$51.00	\$261.00		
	co	Lumn Code (Accito iuseo	N(LY)										_	
							···			CLAIM T	OTAL	\$	\$2 	261.00
		TRIP, REMARKS AND DETAILS (Attach ational Conference in Sar				orps co	nference	€.	_			DRMAL MOI	IICLE LICENS	E NII MADED
Staye	ed extra	a night at personal expen	se so the c	driving h	ome mila	age was	incurred	d on 6/27.	_				UO DU	
									-		n da karana ara	5 .	TE CLAIMED	nananane
									_			ŲS€	DNEY	
				· · · · · · · · · · · · · · · · · · ·							PAID BY	REVOLVING	FUND CHEC	
IEREBY ivately o aimed, a	CERTIFY wned vehice	That the above is a true statement of the cle was used, and if mileage rates exceed ave met the requirements as prescribed by	travel expenses in the minimum rate SAM Sections 07	ncurred by me , I certify that 750, 0751, 07	in accordance the cost of op- 52, 0753, and	e with DPA ru erating the ve 075# pertaini	les in the ser hicle was equ ng to vehicle	vice of the State ual to or greater safety and seat	of Ca than the	lifornia. If a ne rate sage.	I			
<u></u>	ANT'S SIG			ATE 20	. Aa	(18) SIGN	ATURE OF (OFFICER APPR		I	AND PA	YMENT	DATE 20	- <i>09</i>
SPEC	IAL EXPEN	NSE AUTHORIZATION - SIGNATURE an	d TITLE (See Iten	n 17 on revers	se)	1/\	tan	Jul					DATE	<u> </u>
<i>[</i>	ν_{ω}	- Bul	•		/	. (İ	DATE	